

| Fill in this information to identify the case: | | | |
|--|-------------|-------------|-----------|
| Debtor 1 | Gail | | Edison |
| | First Name | Middle Name | Last Name |
| Debtor 2 | | | |
| (Spouse, if filing) | First Name | Middle Name | Last Name |
| United States Bankruptcy Court for the: District of New Jersey | | | |
| (State) | | | |
| Case number: | 11-21956 AA | | |

U.S. BANKRUPTCY COURT
FILED
NEWARK, NJ

2022 JUL 26 A 8:23

JEANNE A. MAUGHTON
BY: 
DEPUTY CLERK

Form 1340 (12/19)

APPLICATION FOR PAYMENT OF UNCLAIMED FUNDS

1. Claim Information

For the benefit of the Claimant(s)¹ named below, application is made for the payment of unclaimed funds on deposit with the court. I have no knowledge that any other party may be entitled to these funds, and I am not aware of any dispute regarding these funds.

Note: If there are joint Claimants, complete the fields below for both Claimants.

| | |
|--|---|
| Amount: | \$3,597.65 |
| Claimant's Name: | Select Portfolio Servicing Inc. |
| Claimant's Current Mailing Address, Telephone Number, and Email Address: | 3217 Decker Lake Drive W. Valley City, UT 84119 Attn: Mike Maynard Phone number: 801293 3835 Email address: Jay@earlcorporateadvisory.com |

2. Applicant Information

Applicant² represents that Claimant is entitled to receive the unclaimed funds because (*check the statements that apply*):

- ☐ Applicant is the Claimant and is the Owner of Record³ entitled to the unclaimed funds appearing on the records of the court.
- ☐ Applicant is the Claimant and is entitled to the unclaimed funds by assignment, purchase, merger, acquisition, succession or by other means.
- ☒ Applicant is Claimant's representative (e.g., attorney or unclaimed funds locator).
- ☐ Applicant is a representative of the deceased Claimant's estate.

¹ The Claimant is the party entitled to the unclaimed funds.

² The Applicant is the party filing the application. The Applicant and Claimant may be the same.

³ The Owner of Record is the original payee.

3. Supporting Documentation

- ☒ Applicant has read the court's instructions for filing an Application for Unclaimed Funds and is providing the required supporting documentation with this application.

4. Notice to United States Attorney

- ☒ Applicant has sent a copy of this application and supporting documentation to the United States Attorney, pursuant to 28 U.S.C. § 2042, at the following address:

Office of the United States Attorney
District of New Jersey
Peter Rodino Federal Building
970 Broad Street, Suite 700
Newark, New Jersey 07102

5. Applicant Declaration

Pursuant to 28 U.S.C. § 1746, I declare under penalty of perjury under the laws of the United States of America that the foregoing is true and correct.

Date: 7/19/12Signature of Applicant Jay EhrlichPrinted Name of Applicant Jay Ehrlich

Address: _____

15125 N Scottsdale Rd Unit 713Scottsdale, AZ 85254Telephone: 847 922 2042Email: Jay@earlcorporateadvisory.com**5. Co-Applicant Declaration (if applicable)**

Pursuant to 28 U.S.C. § 1746, I declare under penalty of perjury under the laws of the United States of America that the foregoing is true and correct.

Date: _____

Signature of Co-Applicant (if applicable) _____

Printed Name of Co-Applicant (if applicable) _____

Address: _____

Telephone: _____

Email: _____

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